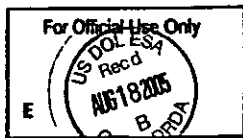


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>9614</u>	2 Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing. Name <u>Robert W Severn</u> P O Box, Bldg. Room No. if any <u>Suite 600</u> Street <u>BCTD - 815 16th St, NW - Suite 600</u> City <u>Washington</u> State <u>DC</u> ZIP Code + 4 <u>20006</u>	4 Name, file number and address of labor organization. Name <u>Bldg & CONSTRUCTION TRADES DEPT.</u> Labor Organization File Number <u>000292</u> P O Box, Building and Room Number if any <u>Suite 600</u> Street <u>815 16th St, NW - Suite 600</u> City <u>Washington, DC</u> State <u>DC</u> ZIP Code + 4 <u>20006</u>
5 Position in labor organization. <u>Assistant to the President</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions).

A Held an interest in, engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name if any): Name _____ Trade Name if any: _____ P O Box Bldg Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a Nature of Interest, Transaction, or Income. _____ 7.b Amount. _____

Signature

15. Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Robert W Severn</u>	On <u>8/10/05</u> Date	<u>202-756-4624</u> Telephone Number

Name of Person Filing

Robert W. Severn

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8. Name and address of Business (including trade name, if any)

Name

NCCMP
Natl. Coord. Comm. for Multiemployer Plans

Trade Name, if any

P.O. Box, Bldg. Room No. if any

Suite 600

Street

815 16th St, NW - Suite 600

City

Washington

State

DC

ZIP Code + 4

20006

9. Business deals with.



a. Labor Organization



b. Trust



c. Employer

10. If 9.b. or 9.c. is checked, give trust or employer's name

Name

Trade Name, if any

P.O. Box, Bldg. Room No. if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing

The NCCMP is an advocacy group on behalf of multiemployer pension and health & welfare plans

11.b. Approximate dollar value of such dealing.

NOT ASCERTAINABLE

12.a. Nature of interest held or income received

11/25 - 12/2/04 Hotel room and meals for attendance at 2004 Annual NCCMP Conference
12/10/04 Lunch and gift certificate

12.b. Amount.

\$ 2,642.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any

P.O. Box, Bldg. Room No. if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

Name of Person Filing

Robert W Severn

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any).

Name Dad's Day

Trade Name, if any

P O Box, Bldg Room No., if any

Street 1325 Mass Ave, NW - 2nd FlrCity WashingtonState DC ZIP Code + 4 20005

9 Business deals with.

☒ a Labor Organization☐ b Trust☐ c Employer

10 If 9.b or 9.c. is checked give trust or employer's name

Name

Trade Name, if any

P O Box, Bldg Room No. if any

Street

City

State ZIP Code + 4

11.a Nature of such dealing.

Non-profit organization associated
with fund raising for diabetes
research

11.b Approximate dollar value of such dealing. NOT ASCERTAINABLE

12.a Nature of interest held or income received

11/28/05 Green fees and
meals.

12.b Amount.

\$ 75.00

C Received from any employer (other than an employer covered under parts A and B above)
or from any labor relations consultant to an employer any payment of money or other thing of value

13.a Name and address of Employer or Labor Relations Consultant
(including trade name if any).

Name

Trade Name if any

P O Box, Bldg Room No. if any

Street

City

State ZIP Code + 4

14.a Nature of payment.

13.b Is the Business an Employer ☐ or Consultant ☐ ?

14.b Amount of payment.